

05-20-04

2153



PTO/SB/21 (08-00)

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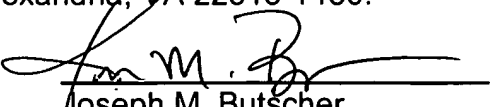
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/385,802
		Filing Date	August 30, 1999
		First Named Inventor	Donovan
		Group Art Unit	2153
		Examiner Name	Flynn, Kimberly D.
		Attorney Docket Number	15719US00
Total Number of Pages in This Submission		28	
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (      sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center;"> <b>RECEIVED</b>  <b>MAY 26 2004</b>  <b>Technology Center 2100</b> </div>	
Remarks		Additional Enclosures: Statement Under 37 CFR 3.73(b); copy of Assignment from Prodigy to PKT, which is an attachment to Statement Under 37 CFR 3.73(b); Request for Publication of Application Pursuant to 37 CFR 1.221 and copy of application as filed.	

### CERTIFICATE OF MAILING BY EXPRESS MAIL

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 Joseph M. Butscher  
 Reg. No. 48,326



PTO/SB/11-00)

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b>  Patent Fees are subject to annual revision.		<b>Complete if Known</b>	
		Application Number	09/385,802
		Filing Date	August 30, 1999
		First Named Inventor	Donovan
		Examiner Name	Flynn, Kimberly D.
		Group Art Unit	2153
TOTAL AMOUNT OF PAYMENT	(\$430	Attorney Docket No.	15719US00

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<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. <b>ADDITIONAL FEES</b>	
Deposit Account Number	13-0017	MAY 26 2004	
Deposit Account Name	McAndrews Held & Malloy	Technology Center 2100	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
1. <b>BASIC FILING FEE</b>			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing Fee	
1002 340	2002 170	Design filing Fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. <b>EXTRA CLAIM FEES</b>			
Total Claims	Extra Claims	Fee from below	Fee Paid
	- 20** =	x	
Independent Claims	- 3** =	x	
Multiple Dependent			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	**Reissue independent claims over original patent	
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above			
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$430	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Joseph M Butscher	Registration No. (Attorney or Agent)	48,326
Telephone	312-775-8000		
Signature	Date		May 19, 2004

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